

Congressman Jason Crow

Immigration Privacy Release Form (required by the Privacy Act of 1974)

Thank you for contacting me for assistance. When providing me the following information, my office will be authorized to make inquiries regarding your case. It is my pleasure to help you resolve any issues or problems you may be experiencing.

Constituent Name:	
Petitioner/Applicant:	
	_ Date of Birth:
Alien number (if any):	_ Date of Birth: Country of Birth:
Beneficiary:	
	_ Date of Birth:
	Country of Birth:
USCIS receipt number or tracking number (no	Social Security numbers):
Date of filing:	
Place of filing:	
Form $type(s)$ – check all that apply:	
$ \square \text{G-639} \square \text{ I-90} \ \square \text{ I-129} \ \square \text{ I-129F} \ \square \text{ I-130} \ \square \text{ I-131} \ \square \text{ I-140} \ \square \text{ I-212} \ \square \text{ I-290B} \ \square \text{ I-360} $	
II-485 □ I-526 □ I-539 □ I-589 □ I-590 □ I-	
I-730 □ I-751 □ I-765 □ I-821 □ I-824 □ I-	
I-918 □ I-924 □ I-929 □ N-400 □ N-600 □	N-565 N-644 Other:
▶ Please attach a separate sheet with a brief description of the issue. ◀	
Staff Member:	
Email:	
Section below to be completed by the person w	· ·
I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this	
privacy release and any document submitted wi	
• • •	d submitted with it; and 3) all of this information
is complete, true, and correct.	
I, (print your name)	, authorize USCIS to release
information contained in my USCIS records as	relevant to checking my case status, and to the
extent	
	and the Member's
staff.	D
	Date:
Address:	
Phone: Email: _	